

INSTRUCTIONS

VERIFIED MOTION FOR FEE WAIVER

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

Petitioner,

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

V.

VERIFIED MOTION FOR FEE WAIVER

Respondent.

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with PRINT THE NAMES OF ALL FAMILY MEMBERS WHO LIVE WITH YOU (THIS IS CONSIDERED YOUR "HOUSEHOLD")

4. Our family's income is see below per month. *(Total from below)*
(Income received each month, before taxes)

Wages (_____ per hour x _____ hours per month)
Unemployment Compensation
AFDC / TANF Benefits
SSI / SSD Benefits
Child Support
Other

+
Total =

PRINT THE AMOUNTS OF EACH TYPE OF BENEFIT OR INCOME LISTED ON THE LINES PROVIDED. REMEMBER TO USE THE AMOUNT BEFORE TAXES ARE TAKEN OUT.

5. We have PRINT THE TOTAL AMOUNT OF MONEY IN ALL BANK ACCOUNT(S) in the bank.

6. Our expenses total see below per month: *(Total from below)*
(Expenses spent each month)

Housing (Rent, Contract, or Mortgage)
Utilities (Gas, Electric, Water, Phone, etc.)
Food
Child Care
Medical Bills
Transportation
Insurance (car, medical and/or property)
Child Support
Other (please describe)

+
Total =

PRINT THE AMOUNTS OF EACH TYPE OF EXPENSES LISTED ON THE LINES PROVIDED.

COPY THE TOTAL FROM THIS LINE TO THE BLANK IN NUMBER 6 ABOVE

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

SIGN YOUR NAME

Signature

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Respondent.

ORDER ON FEE WAIVER

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted.

IT IS THEREFORE ORDERED that Petitioner may file this case:

_____ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or

_____ upon the pre-payment of \$_____ which is a portion of the filing fee set by statute.

Such sum must be paid by the Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

Date

Judge

Distribution:

PRINT YOUR FULL NAME _____

PRINT YOUR STREET ADDRESS _____

PRINT YOUR CITY, STATE AND ZIP CODE _____

PRINT THE OTHER PARTY'S FULL NAME _____

PRINT THE OTHER PARTY'S STREET ADDRESS _____

PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE _____

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2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with _____.
4. Our family's income is _____ per month. *(Total from below)*
(Income received each month, before taxes)

Wages (_____ per hour x _____ hours per month)		_____
Unemployment Compensation		_____
AFDC / TANF Benefits		_____
SSI / SSD Benefits		_____
Child Support		_____
Other	+	_____
	Total =	_____
5. We have _____ in the bank.
6. Our expenses total _____ per month: *(Total from below)*
(Expenses spent each month)

Housing (Rent, Contract, or Mortgage)		_____
Utilities (Gas, Electric, Water, Phone, etc.)		_____
Food		_____
Child Care		_____
Medical Bills		_____
Transportation		_____
Insurance (car, medical and/or property)		_____
Child Support		_____
Other (please describe)	+	_____
_____	Total =	_____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

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